

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State



DOCUMENT # N97000002512
1. Entity Name
GUMBO LIMBO VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 636 NE 13TH AVE FT. LAUDERDALE FL 33304 US	Mailing Address 636 NE 13TH AVE FT. LAUDERDALE FL 33304 US
--	--



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3508668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**JOHNSTON, MARK K
632 NE 13 AVE.
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD JOHNSTON, MARK <input type="checkbox"/> Delete STREET ADDRESS 632 NE 13TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33304
TITLE	SD POWERS, AMY A <input type="checkbox"/> Delete STREET ADDRESS 628 NE 13TH CITY-ST-ZIP FT LAUDERDALE FL 33330
TITLE	D ZINGG, LEONARDO <input type="checkbox"/> Delete STREET ADDRESS 630 NE 13TH AVE CITY-ST-ZIP FT LAUDERDALE FL 33304
TITLE	D PENROD, MICHELE L <input type="checkbox"/> Delete STREET ADDRESS 634 NE 13TH AVE CITY-ST-ZIP FORT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK K JOHNSTON 03-11-07 9543361640